FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name 434132 BISHOP AND SON CONSTRUCTION, INC. Principal Place of Business Mailing Address 405 N.W. 122ND, STREET 405 N.W. 122ND, STREET NORTH MIAMI FL 33168 NORTH MIAMI FL 33168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1973 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable <u>59-1479732</u> 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KOPPEN (ROBERT A.) 8202 N.E. 2ND AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signs ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change TITLE 1.1 TITLE BISHOP, ARTHUR D 1.2 NAME NAME 405 NW 122 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 City-St-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BISHOP, HILDA 2.2 NAME NAME 405 NW 122 ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 City - St - ZiF CITY-ST-ZIP Change ___ Addition TITLE DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 3-20-98-305-681-6356 CIGNATI IRE.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP